JIM DANDY SUPPLY

Quarter End	Due Date	
Dec 31, 2013	Jan 3	1, 2014
Employer Identificati	on Numbers	
UI Account Number	205 4022	
Federal ID (FEIN)	54-9874654	ļ
UI Contribution Rate		1.80%
UI Administrative Fund Tax Rate 0.18%		
UI Total Tax Rate		1.98%
UI Annual Taxable Wage Base (Each Employee) \$27,900.00		
(East: Employee	,	. ,

2550 PROSPECT AVE HELENA MT 59601-9709

Unemployment Insurance

Contributions Bureau PO Box 6339

Helena MT 59604-6339

A report must be filed even if no wages are paid. Instructions for completing this form are online at http://uid.dli.mt.gov/tax/uitaxforms.asp or call 406-444-3834. File online at <u>UleServices.mt.gov</u>. If paying by check, please use attached voucher. No Wages paid for the quarter covering this report Step 1. Check Sold Business – Name, address and phone number of new owner: applicable boxes and provide information ☐Amended Report requested: Step 2. Unemployment Insurance Employee Wage Listing ☐ Check here if wage listing is attached. Employee's Social Name of Employee **Total Wages Excess Wages** Security Number Paid this Quarter This Quarter First Name Last Name Totals Step 4. Number of **State Unemployment** Step 3. Calculate Tax **Insurance Tax UI Employees** 1. Total wages paid this quarter > Number of covered 2. UI excess wages (Except Governmental and Reimbursable Accts.) > workers who worked 3. UI taxable wages (line 1 minus line 2) during, or received pay for, the payroll period 4. UI total tax rate 0.0198 that includes the 12th day 5. Total tax (multiply line 3 times line 4) of the month: 6. Credits (overpayment from prior quarters) 0 00 1st month _____ 7. Adjustments to prior quarters (attach explanation) 2nd month _____ 8. Balance due (line 5 – line 6 +/- line 7 -- see instructions) 9. If filing late, add penalty (\$25) and interest (line 8 x 1.5% x month(s) past due) 3rd month ___ 10. Payment enclosed (line 8 + 9) Make Check Payable to Unemployment Insurance Division. Please use attached voucher. Step 5. Signature. Sign and make a copy of this form for your records. Mail your report, additional wage listings and payment with voucher by the due date above, even if no wages are paid or tax is due. Questions? Call (406) 444-3834.

Title

Authorized Signature

I certify the information on this report is true and correct.

Telephone Number

Name/Title of Contact Person

Telephone No

Please Use Voucher



Remove voucher and submit with payment.

JIM DANDY SUPPLY 205 4022

Mail Payment To: UI Contributions Bureau PO Box 6339 Helena, MT 59604-6339

You may file your report or make a payment online at **UleServices.mt.gov**

Amount Due :	\$

Amount Paid: \$

ID	ID Type	FEIN
00002054022	02	549874654
Voucher Type	Quarter	DLN
Voucher Type 01	Quarter 12312013	DLN L0000000000